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STATE OF NEW JERSEY
DIV. OF CONSUMER AFFAIRS
BOARD OF MARRIAGE
& FAMILY THERAPY

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FILED

July 23, 2010
STATE OF NEW JERSEY
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS
ALCOHOL AND DRUG COUNSELOR COMMITTEE
Eric L. J. [Signature]

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
ALCOHOL AND DRUG COUNSELOR COMMITTEE OF
THE STATE BOARD OF MARRIAGE AND FAMILY
THERAPY EXAMINERS

IN THE MATTER OF THE SUSPENSION
OR REVOCATION OF THE
CERTIFICATION OF

MARK GIBSON, CADC
CERTIFICATION NO. 37CA00071100

TO PRACTICE ALCOHOL AND DRUG
COUNSELING IN THE STATE
OF NEW JERSEY

Administrative Action

CONSENT ORDER OF VOLUNTARY
SURRENDER OF CERTIFICATION

This matter was opened to the Alcohol and Drug Counselor Committee of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter "the Committee"), upon receipt of information that Mr. Gibson had relapsed in the use of alcohol and drugs and was terminated from employment as the Director of Philip House-New Hope Foundation.

Respondent at this time has agreed to the voluntary surrender of his certification to practice alcohol and drug counseling in the State of New Jersey in accordance with the terms of this Consent Order. The Committee finds the terms of this Consent Order to be adequately protective of the

public interest and respondent, without any admissions, and desiring to resolve this matter without further proceedings;

IT IS, THEREFORE, on this 14th day of July 2010

ORDERED THAT:

1. Respondent, Mark Gibson, shall immediately surrender his certification to practice alcohol and drug counseling in the State of New Jersey, to be deemed a suspension of certification for a minimum of two years and shall cease and desist from such practice until further order of the Committee. Respondent shall deliver his 2008-2010 biennial renewal certification (expiration date July 31, 2010), including his original wall certificate, certification and wallet size credential to Ms. Elaine DeMars, Executive Director of the Alcohol and Drug Counselor Committee, P.O. Box 45040, 124 Halsey Street, Sixth Floor, Newark, New Jersey 07101, no later than five (5) days after the filing of this Consent Order.

2. Respondent shall not engage in any volunteer, compensated or uncompensated alcohol or drug counseling or any other mental health counseling or life coaching unless and until he is duly authorized by the Committee or another appropriate licensing Board to do so. No credit shall be given toward the period of suspension for any time period during which respondent is practicing any type of counseling and/or any type of employment in a counseling practice or agency in the State of New Jersey or any other jurisdiction or state, whether or not such counseling and/or employment are provided in an exempt setting.

3. Respondent shall engage in psychotherapy, with a licensed health care professional pre-approved by the Committee, who holds a minimum of a masters degree in mental health counseling and has

addiction counseling experience, for a minimum of two (2) years at a frequency to be determined by the therapist, but not less than once per week during the first year of treatment. Respondent shall submit the name of the therapist and credentials to the Committee for evaluation within ten (10) days of the filing of the within Consent Order. In the event the therapist is not approved by the Committee, respondent shall provide the credentials of an alternate therapist for approval within ten (10) days of notification that the therapist has not been approved. Unilateral cessation of treatment by respondent shall constitute a violation of this order. In the event respondent ceases therapy with his approved therapist, respondent shall notify the Committee in writing within three (3) days of the cessation of treatment with the reasons therefore and submit the name and credentials of an alternative therapist. Respondent shall provide all therapists and treating health care professionals with a copy of the within Order. Only periods of time during which respondent is in active therapy shall be counted toward the two (2) year period required prior to submission of an application for reinstatement. The therapist shall sign a copy of the within Consent Order and shall provide quarterly reports directly to the Committee expounding upon respondent's attendance and progress in therapy. Respondent shall continue therapy until such time as the therapist determines therapy is no longer required. In the event the therapist determines that therapy is no longer required, the therapist shall submit a report to the Committee prior to terminating therapy stating the basis for ending therapy and recommendations for aftercare.

4. Respondent shall ensure that the Committee receives quarterly reports from the therapist. The first report from the therapist shall be due three months from the entry of this Order.

5. Respondent shall maintain absolute abstinence from all psychoactive substances unless prescribed by a treating physician and/or healthcare professional for a documented medical condition with immediate written notification to respondent's treating therapist.

6. Respondent shall not seek reinstatement for certification for a minimum of two (2) years from the filing of the within Consent Order.

7. In the event respondent seeks reinstatement, he shall provide the following documentation to the Committee demonstrating that he is sufficiently rehabilitated to re-enter the practice of alcohol and drug counseling:

a. Documentation demonstrating that he had completed two (2) years of successful alcohol/drug recovery.

b. A written up-to-date report signed and dated by the licensed health professional pre-approved by the Committee (with a copy of the licensed health care professional's curriculum vitae) who was respondent's primary counselor during treatment and recovery. The report shall include, at a minimum, evidence documenting respondent's compliance with a plan of recovery and a clinical opinion that the respondent is fit and competent, and sufficiently rehabilitated to re-enter the practice of alcohol and drug counseling. The report should also include a recommended plan of treatment for the future.

c. Respondent shall undergo a minimum of twice-weekly random urine monitoring by a pre-approved monitor, for a minimum of the

six (6) month period prior to any application for reinstatement of license. Copies of the results of any and all urine screening that occurred since the surrender of the respondent's certification shall be submitted directly to the Committee and a copy shall be sent to the licensed health care professional pre-approved by the Committee. The initial screen will utilize the EMIT technique and all confirming tests and/or secondary tests will be performed by gas chromatographing/mass spectrometry. The testing procedure shall include a forensic chain of custody protocol to ensure sample integrity and to provide documentation thereof. In the event there is a positive urine screen, the urine screen monitor shall notify the Committee in writing within three (3) days of receipt of the urine screen results.

d. A letter from each of respondent's treating physicians or other treating health care professionals listing all medications that are then currently prescribed for the respondent, including the length of time each physician/health care professional has been prescribing each medication, quantity and frequency prescribed, and reason for the prescription(s).

e. Documentation of all attendance at self help groups during the period of suspension, at a minimum of three (3) times per week.

f. A statement signed and dated by the respondent representing whether there have been any "criminal actions" taken against him in New Jersey or any other jurisdictions since the surrender of his license. In the event there are any "criminal actions," respondent shall provide an explanation and a copy of the court records. "Criminal actions" includes arrests, convictions for criminal offenses and/or motor vehicle offenses regardless of whether the charges/summonses were dismissed, he

was found not guilty, plead guilty or entered a plea bargain. The signed statement must include the following language above his signature:


I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

g. A letter outlining the type of employment, occupation or other activity respondent engaged in during the time respondent's license was surrendered.

8. In the event respondent seeks reinstatement and provides documentation demonstrating that he is sufficiently rehabilitated to re-enter the practice of alcohol and drug counseling, respondent shall appear before the Committee, if so requested by the Committee. During the appearance before the Committee, the burden shall be on respondent to demonstrate that he is fit and competent to practice alcohol and drug counseling with supervision, is sufficiently rehabilitated and has complied with the terms of this Consent Order.

ALCOHOL AND DRUG COUNSELOR COMMITTEE OF
THE NEW JERSEY STATE BOARD OF MARRIAGE
AND FAMILY THERAPY EXAMINERS

By


Edward Reading
Committee Chair, LCADC

I have read and I understand the terms of this Order and agree to be bound by it. I consent to the entry of this Consent Order.


Mark Gibson

BS, CADC

I have read the within Consent Order and agree as Mr. Gibson's psychotherapist to provide the Committee with quarterly reports regarding his compliance with his treatment plan, and other reporting requirements herein.

(Print name)
Psychotherapist
Telephone #
(Including area code and extension)

(Title and License #)
Dated: _____, 20__